


**RECEIVED
CENTRAL FAX CENTER**

MAR 19 2008

PTO/SB/22 (01-08)

Under the paperwork Reduction Act of 1996, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 03/31/2008. OMB 0601-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 <small>(Fee pursuant to the Consolidated Appropriations Act, 2008 (P.L. 110-251))</small>		Docket Number (Optional)																									
Application Number 09/694,402		Filed 10/22/2000																									
For SYSTEM AND METHOD FOR PROVIDING REDUCED INSURANCE PREMIUMS																											
Art Unit 3626		Examiner ROBERT W. MORGAN																									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width:100%; border: none;"> <thead> <tr> <th style="text-align: left;"></th> <th style="text-align: center;">Fee</th> <th style="text-align: center;">Small Entity Fee</th> <th style="text-align: center;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$80</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$480</td> <td style="text-align: center;">\$230</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1050</td> <td style="text-align: center;">\$525</td> <td style="text-align: center;">\$ 525</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1640</td> <td style="text-align: center;">\$820</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2230</td> <td style="text-align: center;">\$1115</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____ I have enclosed a duplicate copy of this sheet.</p> <p><small>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</small></p> <p>I am the <input checked="" type="checkbox"/> applicant/inventor. 03/20/2008 PCHOMP 00000038 09694402</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. 01 FC:2253</p> <p style="padding-left: 100px;">Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/95). 525 00 OP</p> <p><input type="checkbox"/> attorney or agent of record. Registration Number _____</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34. 3/19/08</p> <p style="padding-left: 100px;">Registration number if acting under 37 CFR 1.34 _____ Date</p> <p style="text-align: center;"> JOHN T. PIENKOS _____ Type or printed name</p> <p style="text-align: center;">(414) 228-6881 _____ Telephone Number</p> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required, see below.</small></p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>					Fee	Small Entity Fee		<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$80	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$480	\$230	\$ _____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$ 525	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$ _____
	Fee	Small Entity Fee																									
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$80	\$ _____																								
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$480	\$230	\$ _____																								
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$ 525																								
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$ _____																								
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$ _____																								

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22313-1480. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.